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## APPENDIX

Descriptive Interpretation Scale Recommended by the International Contact Dermatitis Research Group, Visual Key, Instruction Sheet for Patients, and Standard Patch Test Record Form

No.	Grade	Meaning/appearance	Clinical relevance*
1	–	Negative reaction	Excludes ACD. If ACD is still suspected, recheck technique or do ROAT.
2	R	Irritant reaction	Controls show similar response or there was an excited skin response.
3	± + or ?	Doubtful reaction	Negative test result. Repeat readings at 3, 4, and 7 days after patch removed. If ACD still suspected, recheck technique or do ROAT.
4	1+	Light erythema, nonvesicular	Equivocal test result. Could either be negative or indicative of waning prior sensitization. False-positive test result or excited skin syndrome must be ruled out by test in control subject. Repeat steps in 3.
5	2+	Edema, erythema, discrete vesicles	Positive test result. Indicative of prior or current sensitization. Should correlate with history and physical findings. False-positive test result or excited skin syndrome must be ruled out by test in control subject
6	3+	Coalescing vesiculobullous papules	Strongly positive result. Same conditions in 5 apply.

Abbreviations: ACD, allergic contact dermatitis; ROAT, repeat open application test.

\* Clinical relevance is based on the Joint Task Force's appraisal of current literature

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## INSTRUCTION SHEET FOR PATIENTS PATCH TESTING

### *What is Patch Testing?*

Patch testing helps to confirm a diagnosis of an allergic contact dermatitis, which is a type of skin rash that occurs when certain substances come in contact with the skin. Examples of these substances, known as allergens, may include fragrance in perfume, adhesives used in bandages, metals found in jewelry, and glues used in shoes, just to name a few.

Anyone can develop skin irritation (also called an *irritant* contact dermatitis) when exposed to harsh chemicals like strong detergents, household cleansers, solvents, and acids. However, reactions to allergens are different. Only some people will develop an *allergic* contact dermatitis when exposed to allergens. That's why you may be the only person you know that experiences a rash when coming in contact with a particular allergen. Allergic contact dermatitis can only occur after the immune system cells in the skin learn to recognize the allergen and become activated to cause inflammation. In some cases it may take just a few exposures to the allergen for this sensitization to occur. In other cases, sensitization occurs only after years of repeated exposure, which explains why a new allergy can develop to a product that you have used for months or years without any previous difficulty.

A patch test is not the same as a scratch or prick test (often performed by an allergist). Patch testing cannot identify allergies to foods, inhaled substances, or oral medications.

### *How is Patch Testing Performed?*

Strips of tape containing small quantities of common allergens will be applied to the skin of your back during your first visit, which may last about 45 minutes. The allergens must remain in place and be kept dry for 48 hours.

After the 48 hours, the patches will be removed and an initial reading will be performed. The patch sites w/ill be outlined with a marker, and you will be asked to return for a final reading on another day.

A positive test will show a red, raised area of skin, often with itching. A strong reaction could cause blistering and, very rarely, a prolonged reaction (lasting several weeks) or scarring.

### *How Can I Increase the Reliability of the Test?*

1. Keep the skin of your back dry until the patches are removed 48 hours after applied. Until then, no showering, bathing (except for sponge baths), or swimming.
2. Avoid any activity that may cause you to sweat heavily (examples: exercising, shoveling). Excessive perspiration could cause the patches to fall off.
3. If any of the patches begins to peel loose, reinforce it with adhesive tape.
4. Do not remove the magic marker marks until instructed to do so. Some of the ink sometimes does come off on clothing, so it may be a good idea to wear a dark undershirt.

## PATCH TEST REPORT

Name: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Occupation: \_\_\_\_\_

1° reading by: \_\_\_\_\_

Working Diagnosis: \_\_\_\_\_

2° reading by: \_\_\_\_\_

Referring MD: \_\_\_\_\_

3° reading by: \_\_\_\_\_

ALLERGEN		1° reading	2° reading	3° reading
		48 hr	hr	dy
Date				
1				
2				
3				
4				
5				
6				
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### Guide to Morphology

(- negative\*)  
 +/- slight=erythema alone  
 1+ erythema, infiltration  
 2+ edema +/- vesicles  
 3+ bulla or ulcer

\*All allergens listed were applied, except where otherwise noted.  
 Only positive reactions are shown here

No.		1° reading	2° reading	3° reading
39				
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Name: \_\_\_\_\_

**Supplemental Allergens**


**Positive Tests Summary**

Allergens	Interpretation	Relevance